## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE	
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CLAIMS

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CLAIMS	<u> </u>	100000000000000000000000000000000000000	<u> </u>	MARKETAR	L	5070-3000-000

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS